

Case Number:	CM13-0070572		
Date Assigned:	01/08/2014	Date of Injury:	06/12/2007
Decision Date:	04/22/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice, has a subspecialty in Physical Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Male claimant sustained a work injury on 6/12/07 resulting in chronic back pain. He had a diagnosis of lumbar disc herniation and radiculopathy. An MRI in 2007 showed an annular tear of L4-L5. He has had bilateral 2 level transforaminal steroid injections in 2011 to 2013 as well as heat lesioning of the L4-L5 region and radiofrequency lesioning. Each treatment had provided temporary pain relief. He has also had various analgesics including Methadone for pain management. An examination report on 8/1/13 indicated a positive straight leg raise, lumbar paravertebral spasms. Due to worsening back pain f 8-9/10 while on oral Roxicet, on 11/20/13 the treating physician requested another transforaminal steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Outpatient bilateral 2 level transforaminal lumbar epidural steroid injections at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-309.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are optional to avoid surgery and not recommended for those without radiculopathy. In addition, the injections provide no significant long-term benefit nor does it reduce the need for surgery. The claimant has undergone several years of ESI with continued pain. The additional request for ESI is not medically necessary.